

Please type a plus sign (+) inside this box →



PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required)	Attorney Docket Number		014033-000014		
	First Named Inventor		Jennifer B. Owens		
	COMPLETE IF KNOWN				
	Application Number				
	Filing Date				
	Group Art Unit				
		Examiner Name			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR OPERATIONAL RISK ASSESSMENT AND CONTROL

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by and amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

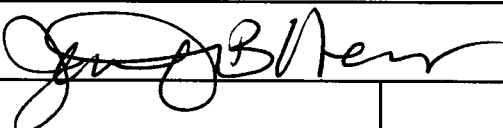
Burden Hour Statement: This form is estimated to take 21 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DUR11349446_1

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION – Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number **24,239** OR ☐ Correspondence address below
Or Bar Code Label**Name** **Moore & Van Allen PLLC****Address** **2200 West Main Street, Suite 800****City** **Durham****State** **NC****ZIP** **27705****Country** **US****Telephone** **(919) 286-8000****Fax** **(919) 286-8199**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) **Jennifer B.****Family Name**
Or Surname **Owens****Inventor's**
Signature**Date** **Oct. 1, 2003****Residence: City** **Charlotte****State** **NC****Country** **US****Citizenship** **US****Mailing Address** **501 McDonald Avenue****City** **Charlotte****State** **NC****ZIP** **28203****Country** **US****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) **Jacob****Family Name**
Or Surname **Firestone****Inventor's**
Signature**Date****Residence: City** **Martinez****State** **CA****Country** **US****Citizenship** **US****Mailing Address** **204 Augustine Drive****City** **Martinez****State** **CA****ZIP** **94534****Country** **US**☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02S attached hereto

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION – Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number **24,239** OR ☐ Correspondence address below
Or Bar Code LabelName **Moore & Van Allen PLLC**Address **2200 West Main Street, Suite 800**City **Durham**State **NC**ZIP **27705**Country **US**Telephone **(919) 286-8000**Fax **(919) 286-8199**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **Jennifer B.**Family Name
Or Surname **Owens**Inventor's
Signature

Date

Residence: City **Charlotte**State **NC**Country **US**Citizenship **US**Mailing Address **501 McDonald Avenue**City **Charlotte**State **NC**ZIP **28203**Country **US**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **Jacob**Family Name
Or Surname **Firestone**Inventor's
Signature

Date

Residence: City **Martinez**State **CA**Country **US**Citizenship **US**Mailing Address **204 Augustine Drive**City **Martinez**State **CA**ZIP **94534**Country **US**☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02S attached hereto

Please type a plus sign (+) inside this box →

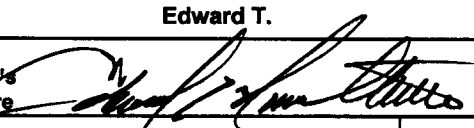


PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Edward T.		Hawthorne	
Inventor's Signature 		Date 10/1/03	
Residence: City Fairfield	State CA	Country US	Citizenship US
Mailing Address 2765 Silver Fox Circle			
Mailing Address			
City Fairfield	State CA	ZIP 94534	Country US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Joseph L.		Valasquez	
Inventor's Signature		Date	
Residence: City Charlotte	State NC	Country US	Citizenship US
Mailing Address 10802 Lederer Avenue			
Mailing Address			
City Charlotte	State NC	ZIP 28277	Country US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David		Hadd	
Inventor's Signature		Date	
Residence: City Charlotte	State NC	Country US	Citizenship US
Mailing Address 10131 Whitehorn Drive			
Mailing Address			
City Charlotte	State NC	ZIP 28277	Country US

Burden Hour Statement: This form is estimated to take 21 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box →



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Edward T.		Hawthorne	
Inventor's Signature		Date	
Residence: City Fairfield	State CA	Country US	Citizenship US
Mailing Address 2765 Silver Fox Circle			
Mailing Address			
City Fairfield	State CA	ZIP 94534	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Joseph L.		Valasquez	
Inventor's Signature <i>Joseph L. Valasquez</i>		Date 10/01/03	
Residence: City Charlotte	State NC	Country US	Citizenship US
Mailing Address 10802 Lederer Avenue			
Mailing Address			
City Charlotte	State NC	ZIP 28277	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David		Hadd	
Inventor's Signature <i>David Hadd</i>		Date OCT 1, 2003	
Residence: City Charlotte	State NC	Country US	Citizenship US
Mailing Address 10131 Whitehorn ^{WHITETHORN} Drive <i>DA</i>			
Mailing Address			
City Charlotte	State NC	ZIP 28277	Country US

Burden Hour Statement: This form is estimated to take 21 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Bradley A.		Yee	
Inventor's Signature <i>Bradley A. Yee</i>		Date <i>10/1/03</i>	
Residence: City South San Francisco	State CA	Country US	Citizenship US
Mailing Address 28 Cymbidium Circle			
Mailing Address			
City South San Francisco	State CA	ZIP 94080	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State NC		Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.